24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	M M / D D / Y Y Y Y
Mailing Address PO Box 2690	08 31 2020 Amount
PO Box 2690	
City State Zip Code	4574.98
Alameda CA 94501-0690	Transaction ID: VQZ6GAMRMJ8 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	08 31 2020
Name of Federal Candidate Support Office	Sought: House District:00
JONES, DOUG, , ,	President State: AL
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	08 31 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	1920.68
Alameda CA 94501-0690	Transaction ID : VQZ6GAMRMK5 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y
Phone Program dial fees Type	08 31 2020
Name of Federal Candidate Support Office	e Sought: House District: 00
KELLY, MARK, , ,	President Senate State: AZ
2020	ursement For: Primary X General
Per Election for Office Sought 23199.44 2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	6495.66
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	9 01 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IDEITI EXI EITD	TIONES	+	PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Progressive Turnout Project			C	C00580068
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
GetThru			08	31 2020
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		4208.13
Alameda	CA	94501-0690		D: VQZ6GAMRMM3 rsement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	08	31 / 2020
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	President X	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		32561.03	Disbursement For: 2020 Other (spe	Primary ✗ General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
GetThru			08 /	31 2020
Mailing Address PO Box 2690				
PO Box 2690			Amount	
City	State	Zip Code		2855.00
Alameda	CA	94501-0690		: VQZ6GAMRMN1 rsement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	08	31 / 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
CUNNINGHAM, CAL, , ,		Oppose	President x	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		28368.34	Disbursement For: 2020 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures			7063.13
			7	4 4
(b) SUBTOTAL of Unitemized Independent E	xpenditures		• •	
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Pascal, Harry, , ,	[Electron	nically Filed] Date	09 / 01	2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIV	TIONES		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Progressive Turnout Project			C	C00580068
Check if 24-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
GetThru			M M M	31 2020
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		19532.20
Alameda	CA	94501-0690		n ID: VQZ6GAMRMP9 bursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	08	31 2020
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
BIDEN, JOSEPH R JR, , ,		Oppose	✗ President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		303978.74	Disbursement For: 2020 Other (Primary X General specify) ▶
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
Paychex			M M M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		6113.86
Rochester	NY	14625-2311		ID: VQZ6GAMRMD8 bursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M 08	31 / 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
JONES, DOUG, , ,		Oppose	President	Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		10688.84	Disbursement For: 2020 Other (Primary X General specify) ▶
a. •				
(a) SUBTOTAL of Itemized Independent Expend	litures		>	25646.06
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures			· •	p
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Pascal, Harry, , ,	[Electron	nically Filed] Date	. 09 / 01	2020
g				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI END	TIONES		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Paychex			M 08	
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		7572.69
Rochester	NY	14625-2311		tion ID : VQZ6GAMRME6 Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M Oa	
Name of Federal Candidate		x Support	Office Sought:	House District: 00
KELLY, MARK, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	23199.44	Disbursement F 2020 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Paychex			O	
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code	— I	12335.84
Rochester	NY	14625-2311		ion ID : VQZ6GAMRMF4 Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	08	
Name of Federal Candidate		x Support	Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	President	t Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	32561.03	Disbursement F 2020 Othe	For: Primary ✗ General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			19908.53
				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	4 4 4
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Pascal, Harry, , , Signature	[Electron	nically Filed] Date		01 2020
3.9				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project		C C00580068
Check if 24-hour report 48-hour report New report	Amends report filed on	* M / D = D / Y = Y = Y
Full Name of Payee	Date of	of Public Distribution/Dissemination
Paychex	М	08 31 Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S	Amou	nt
City State Zip 0	Code	14717.45
	25-2311 Trans	action ID : VQZ6GAMRMG2 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls Cat		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office Sough	t: House District: 00
CUNNINGHAM, CAL, , ,	Oppose Preside	ent 🗶 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 28	Disbursemen 2020	
Full Name of Davis		ther (specify)
Full Name of Payee Paychex	Date	
Mailing Address 911 Panorama Trl S	Amou	08 31 2020 nt
City State Zip	Code	63662.61
	25-2311 Transa	ction ID : VQZ6GAMRMH0 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		08 31 Y 2020
Name of Federal Candidate	x Support Office Sough	t: House District: 00
BIDEN, JOSEPH R JR, , ,	Oppose Preside	ent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 303	Disbursemen 2020 O	t For: Primary ★ General ther (specify) ★
(a) SUBTOTAL of Itemized Independent Expenditures	······	78380.06
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1
(c) TOTAL Independent Expenditures	· .	137493.44
Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Pascal, Harry, , , [Electronically	Filed] Date 09	01 2020
Signature	24.0	

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